

**CITY OF ALEXANDRIA**

OFFICE OF BUILDING AND FIRE CODE ADMINISTRATION

301 KING STREET, SUITE 4200

ALEXANDRIA, VIRGINIA 22314

703.746.4200 FAX (703) 838-3880

PLUMBING APPLICATIONIMPORTANT - Applicant to complete **ALL** applicable items. **MASTER MUST SIGN APPLICATION.** Shaded boxes are **FOR OFFICIAL USE ONLY.**

Permit Number		1.Project Name		Master Permit		
2.Project Address			Floor/Suite Number		3.Date Applied	
4.Owner		5. Contact Info - Primary: _____ Secondary/Fax: _____ Email Address: _____				
6.Owner's Mailing Address (if different from project address)						
7.Work Done By (check one) <input type="checkbox"/> Owner <input type="checkbox"/> Contractor (for Contractors, MASTER's signature is mandatory in box #13 below)						
8.Contractor Name		9.Phone		10.Business Address		
11.Master's Name		12.Master's Card Number		13.Master's Signature		
14.State Contractor License Number		15.Business License Number				
Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		Reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No				
16. Code Edition/Year _____ <input type="checkbox"/> Residential (IRC) <input type="checkbox"/> Commercial (IBC/IPC)		17.Type of Construction		18. Water Service Size _____ inches		
				19. Number of Floors _____ Number of Residential Units _____		
20. Square Footage <input type="checkbox"/> 3,000 sf or less <input type="checkbox"/> 3,001-10,000 sf <input type="checkbox"/> 10,001-20,000 sf <input type="checkbox"/> greater than 20,000 sf						
21. Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Relocation <input type="checkbox"/> Install fixtures where plumbing is roughed in <input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Other _____						
22. Proposed Bldg Use: <input type="checkbox"/> Residential SF/TH/Duplex (R5) <input type="checkbox"/> Multifamily Building (R2) <input type="checkbox"/> Office (B) <input type="checkbox"/> Store (M) <input type="checkbox"/> School(E) <input type="checkbox"/> <input type="checkbox"/> Restaurant/Theater/Church/Recreation Cntr (A) <input type="checkbox"/> Garage (S) <input type="checkbox"/> Hotel/Motel (R1) <input type="checkbox"/> Hospital (I) <input type="checkbox"/> Warehouse (S) <input type="checkbox"/> Industrial (H) <input type="checkbox"/> Other(describe): _____						
23. Project Description: _____ _____						
24. Estimated Cost \$						
AUTO WASHERS _____ BACKFLOW PREVNTR _____ BATHTUBS _____ BIDETS _____ DISHWASHERS _____ DRINKING FOUNTAINS _____ FLOOR DRAINS _____ GARBAGE DISPOSALS _____ HOSE BIBBS _____ HOT TUBS _____ HUMIDIFIERS _____ ICE MACHINES _____		ICE MAKERS _____ INTERCPTRS-GREASE _____ JACUZZIS _____ LAUNDRY TUBS _____ LAVATORIES _____ OPEN SITE DRAINS _____ PR/REDUCTION VALVES _____ ROOF DRAINS _____ SAUNAS _____ SERVICE SINKS _____ SEWER CAPS _____ SEWER LINE/REPAIRS _____		SHOWERS _____ SINKS-KITCHENS _____ SPAS _____ STEAM FOOD WARMERS _____ SUMP PUMPS _____ SWIMMING POOLS _____ URINALS _____ WATER CLOSETS _____ WATER COOLERS _____ WATER HEATERS _____ WATER HYDRANTS _____ WATER SERV/REPAIR _____		
				WATER/FIRE MAINS _____ WATER STATIONS _____ YARD DRAINS _____ MISC. PLBG. ITEMS _____ SEWER CONNECTIONS _____ LAWN SPRINKLERS _____ OIL SEPARATORS _____ OTHER _____ _____ _____ _____		
AFFIDAVIT I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances. _____ Signature of Owner or Authorized Agent _____ Printed Name of Person Applying for Permit _____ Address Phone/Pager _____ E-Mail Address: _____			APPROVALS		PERMIT FEES	
			Engineer		TOTAL \$	
			Date Approved		Deposit Rec'd \$	
			Date Issued		Deposit Date	
			Engineering Aide		Rec'd By: _____ Issued By: _____	
			Drawings Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Notes: _____ _____ _____ _____	